

Department of Public Works & Engineering Building Code Enforcement Branch



ELECTRICAL STATE LICENSE REGISTRATION & RENEWAL FORM

Name: (Exactly as it appears on the Master License issued by the State of Texas) Home Address: City State Zip Code Mailing Address: City State Zip Code Phone No.: Email Address: CONTRACTOR LICENSE HOLDER INFORMATION Name: Driver's Lic. #: Driver's Lic. #: Driver's Lic. State: Home Address: City State Zip Code Phone No.: Email Address: City State Zip Code Phone No.: Email Address: City State Zip Code Phone No.: Email Address: Contractor's Business information Company Name: (Exactly as it appears on the Contractor's Certificate issued by the State of Texas) Mailing Address: City State Zip Code Physical Address: City State Zip Code Phone No.: Fax No.: Emergency No.: Emergency No.: Email Address: Masters Only: List all persons authorized to pick-up permits only. (May not sign on behalf of the Master) 1. Dl.#: State: 3. Dl.#: State: State: State: State: State: Contractor Signature: Date: Contractor Signature: Date: NOTARY INFORMATION Subscribed and sworn before me by affiant this day of	LICENSE INFORMATION					
MASTER INFORMATION City as it appears on the Master License issued by the State of Texas) Driver's Lic. #:	Master License No.			To Expire:		
Name: Exactly as it appears on the Master License issued by the State of Texas)	☐ Contractor License No			To Expire:		
CExactly as it appears on the Master License issued by the State of Texas)	MASTER INFORMATION					
Home Address: Mailing Address: City State Zip Code Mailing Address: City State Zip Code Phone No.: Email Address: City State Zip Code Phone Address: City State: Driver's Lic. #: Driver's Lic. State: Home Address: City State Zip Code Phone No.: Email Address: Contractor's Business Information Company Name: (Exactly as it appears on the Contractor's Certificate issued by the State of Texas) Mailing Address: City State Zip Code Physical Address: City State Zip Code Physical Address: City State Zip Code Phone No.: Fax No.: Emergency No.: State: DL#: State: 1. DL#: State: DL#: State: State: Notary Public Contractor Signature: Date: Contractor Signature: Date: Notary Public Contractor Signature: Date: Notary Public Contractor Signature: Date: Notary Public Contractor Notary Publ	Name: (Exactly as it appears of	ued by the State of Texa.	11 1 6 (#)			
Mailing Address: City State Zip Code	, , , , , , , , , , , , , , , , , , , ,		· ·	o) Driv	er's Lic. State:	
City State Zip Code				City	State	Zip Code
Phone No. :	Mailing Address:			City	State	Zip Code
Name:	Phone No. :	Email Address	S:	•		•
Note State	CONTRACTOR LICENSE H	OLDER INFORMATIO	N			
City State Zip Code	Name:					
Phone No. : _ Email Address: _						
Phone No.:Email Address:	Home Address:			City	State	Zip Code
Company Name: (Exactly as it appears on the Contractor's Certificate issued by the State of Texas) Mailing Address:	Phone No. :	Email Address	s:	·		·
Mailing Address: City State Zip Code	CONTRACTOR'S BUSINES	SINFORMATION				
Mailing Address: City State Zip Code Physical Address: Emergency No.: State: State: State: State: State: DL#: Date: Notary Information Notary Public CONTACT INFORMATION Phone Number: 832-394-	Company Name:			J L. Ale Ctata of Tax	1	
City State Zip Code	,	• •	· ·	a by the state of 1ex	as)	
Phone No.:	Malling Address			City	State	Zip Code
Phone No.:	Physical Address:					
Email Address: MASTERS ONLY: List all persons authorized to pick-up permits only. (May not sign on behalf of the Master) 1	Phone No :	Fax No		,		· F
MASTERS ONLY: List all persons authorized to pick-up permits only. (May not sign on behalf of the Master) 1				_		
DL#:					ehalf of the Master	1
3				-		State:
SIGNATURES Master Signature:	2		[DL#:		State:
Master Signature:	3		[DL#:		State:
Contractor Signature:	SIGNATURES					
NOTARY INFORMATION Subscribed and sworn before me by affiant this day of, 20 Notary Public CONTACT INFORMATION Phone Number: 832-394-8860 Mailing Address: P.O. Box 2688, Houston, TX 77252-2688 FOR OFFICE USE ONLY	Master Signature:			Date:		
Subscribed and sworn before me by affiant this day of, 20	Contractor Signature:		Date:			
Subscribed and sworn before me by affiant this day of, 20	NOTARY INFORMATION					
CONTACT INFORMATION Phone Number: 832-394-8860 Mailing Address: P.O. Box 2688, Houston, TX 77252-2688 FOR OFFICE USE ONLY		me by affiant this	day of		, 20	_
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FOR OFFICE USE ONLY	CONTACT INFORMATION					
	Phone Number: 832-394-	-8860	Mailing Address	s: P.O. Box 26	88, Houston, TX 77	7252-2688
Receipt Number: Date: Processed By:		F	FOR OFFICE USE ON	NLY		
	Receipt Number:				essed Bv:	